



Chronic Care Initiative:
Innovations in Planned Care for the Indian Health System
Measurement for Improvement

IHS Director's Initiatives' Open Door Forum
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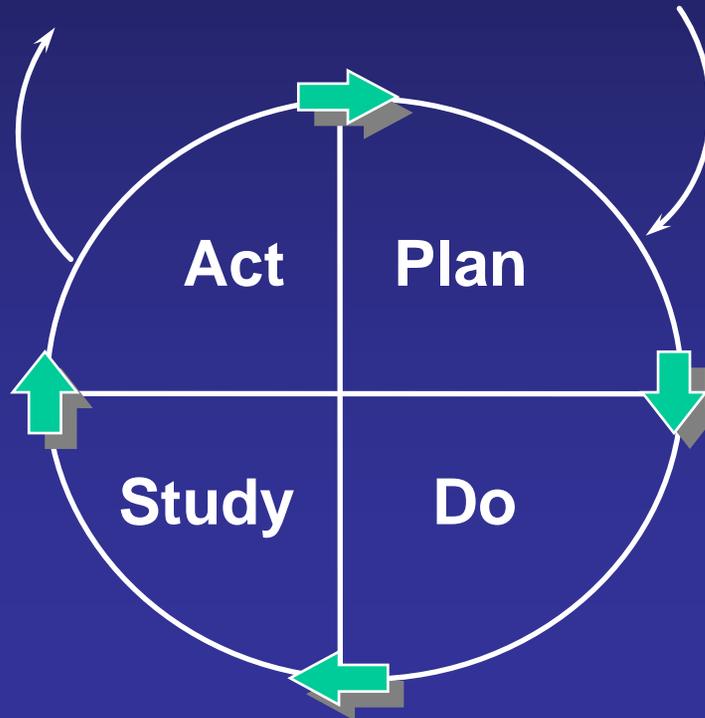
10/25/07

Model for Improvement

What are we trying to accomplish?

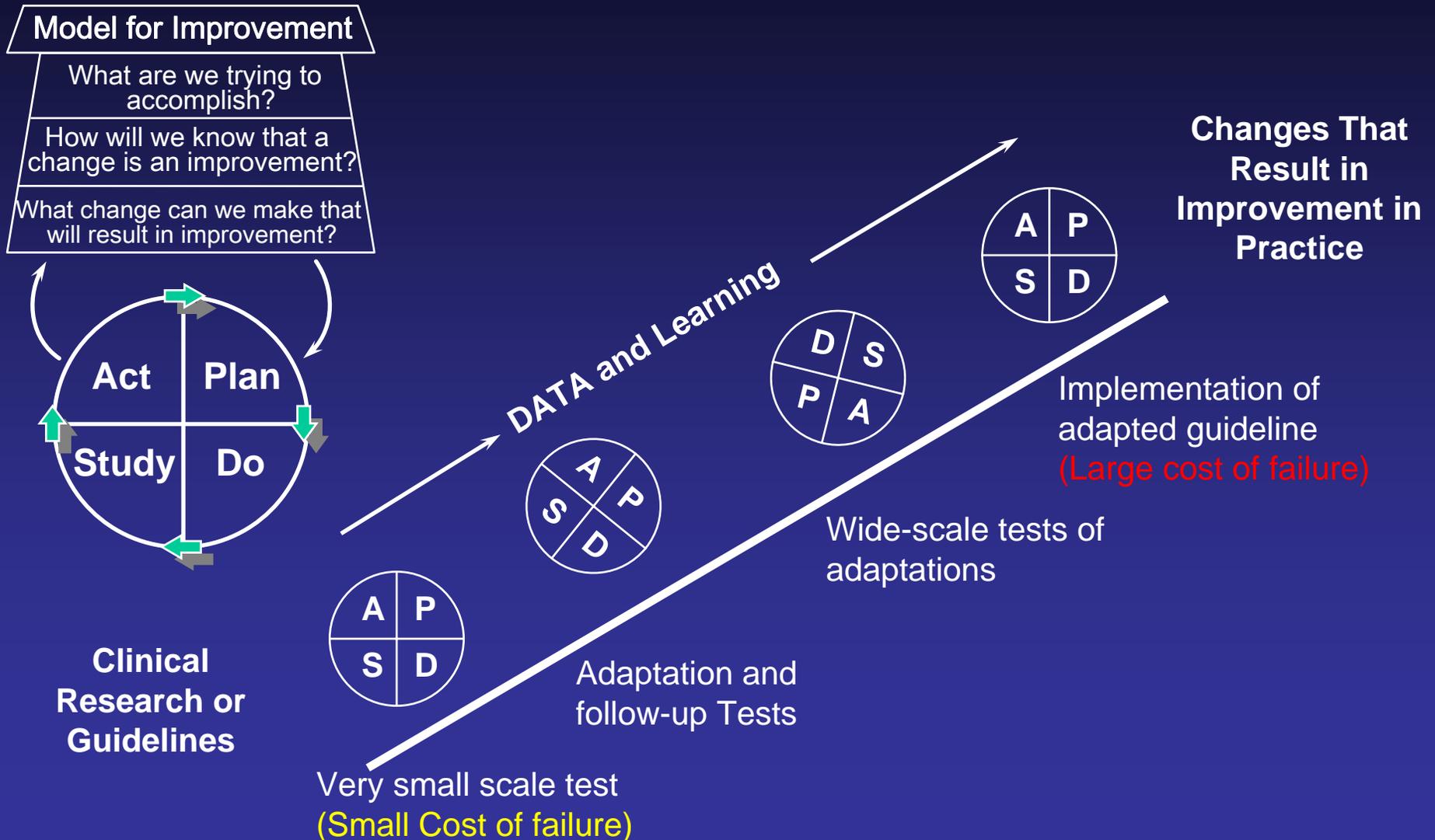
How will we know that a change is an improvement?

What change can we make that will result in improvement?

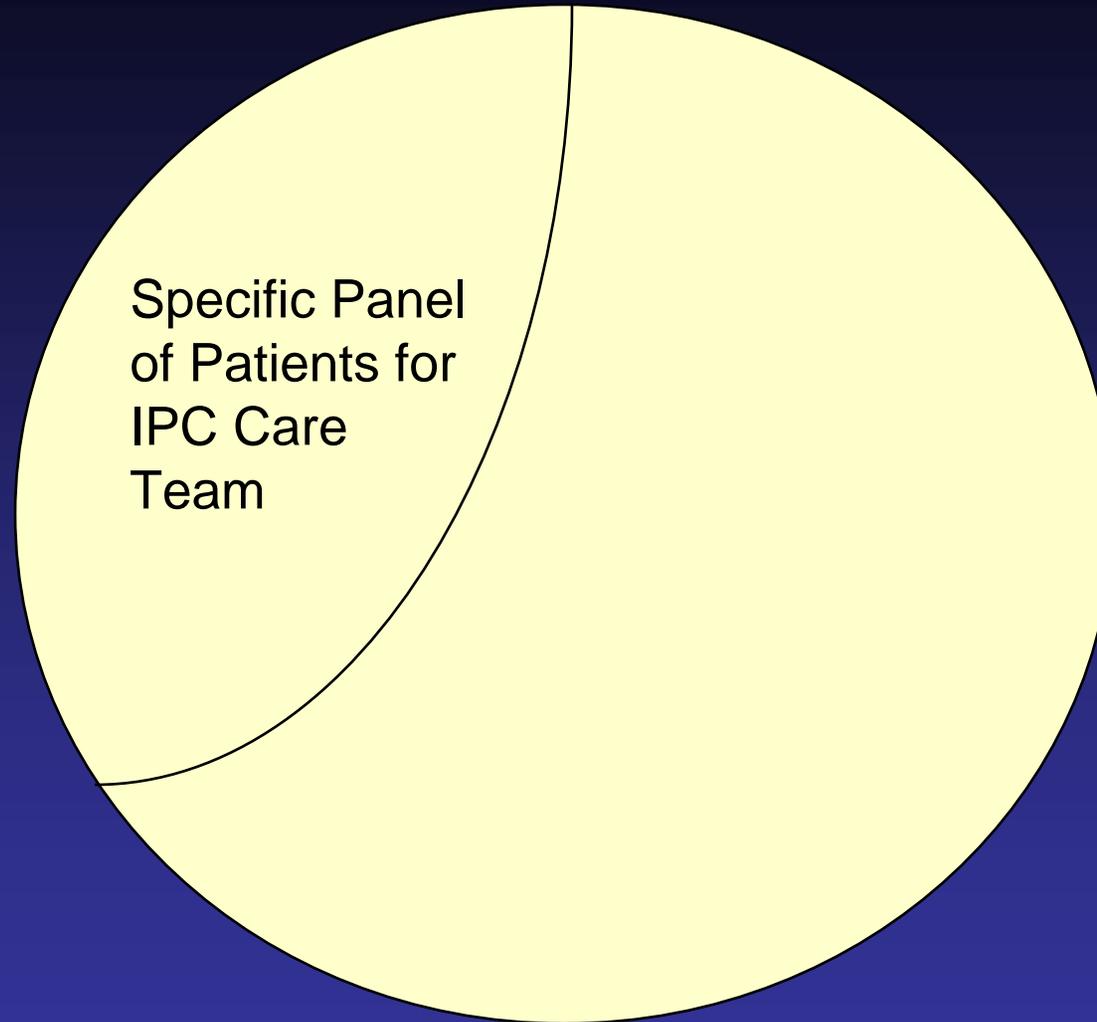




Testing Changes

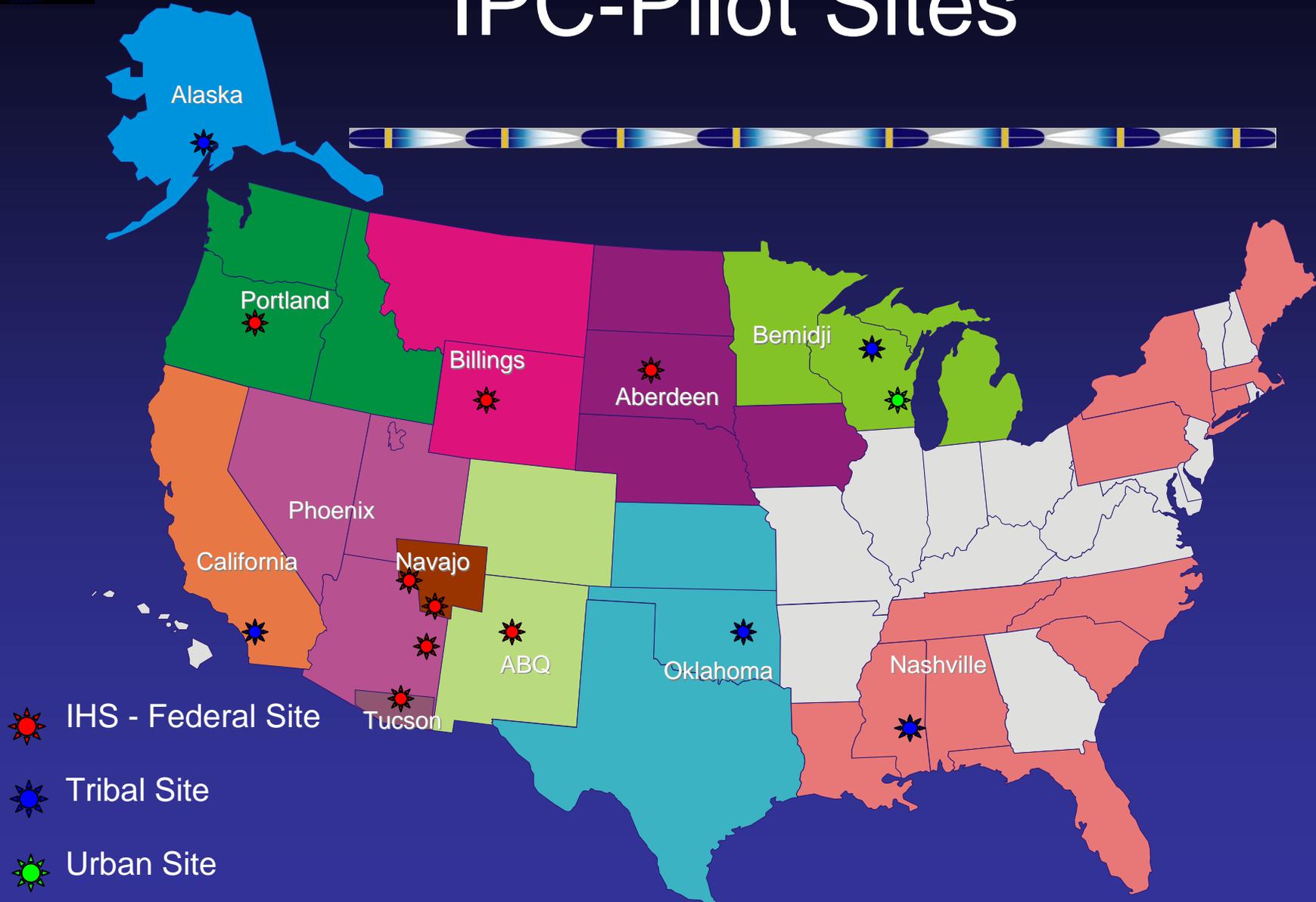


All Patients in the Service Unit





IPC-Pilot Sites



IPC Measurement Set Rationale

- Evidence based
- Drive multi-disciplinary care
- Across a broad range of conditions and prevention
- New system (Planned Care) must be built to optimally meet patients needs
- Automated or easy to collect



IPC Measurement Scheme

Measurement Domain	Areas of Focus/Coverage
Clinical Prevention	Keeping current on intake screenings
	Keeping current on cancer related screenings
	Keeping current on Immunizations
Management and Prevention of Chronic Conditions	Control of Blood Pressure (Cardiovascular Disease)
	Control of Lipids (Cardiovascular Disease)
	Diabetes Care
	Obesity
	Asthma
Costs	Dollars spent outside primary care
Patient Experience	Experience and Efficiency
	Activation
	Satisfaction
	Building relationships for care
	Access



IPC Measurement Scheme

Measurement Domain	Areas of Focus/Coverage	Core Measure	Goal
Clinical Prevention	Keeping current on intake screenings	Intake Screening Bundle	70%
	Keeping current on cancer related screenings	Cancer Screening Bundle	70%
	Keeping current on Immunizations	Childhood Immunizations	90%
Management and Prevention of Chronic Conditions	Control of Blood Pressure (Cardiovascular Disease)	BP in Control Bundle	70%
	Control of Lipids (Cardiovascular Disease)	LDL in Control Bundle	70%
	Diabetes Care	Diabetes Comprehensive Care	70%
	Obesity	Nutrition Education for at risk populations	60%
	Obesity	Exercise Education for at risk populations	60%
	Asthma	New measure coming in 2008	



IPC Measurement Scheme

Measurement Domain	Areas of Focus/Coverage	Core Measure	Goal
Costs	Dollars spent outside primary care	Number of Hospitalizations	20% less
	Dollars spent outside primary care	Number of ER and Urgent Care Visits	40% less
	Dollars spent outside primary care	Total Costs of Outside Services	20% less
Patient Experience	Waiting and Efficiency	Average Office Visit Cycle Time	45 minutes
	Activation	Percent of Patients with Self Management Goal Set	70%
	Activation	Patient Confidence	90%
	Satisfaction	Patient Recommending Health Facility	95%
	Building relationships for care	Continuity of Care	80%
	Access	Third Next Available Appointment	Same week



National Aggregate Measure

IPC Colorectal Cancer Screening

